

Prostate Cancer Committee Meeting #2

June 25, 2002, 4-6pm

Johns Hopkins Bunting-Blaustein Bldg, Rm 1M06

MINUTES

⇒ Introductions and Evaluation Summary (Donna Cox)

- Members were asked to introduce themselves by name and affiliation.
- Ms. Cox reported that overall, the comments regarding the last meeting were favorable. She asked for clarification on one comment that asked for more resolution on where the committee stands on certain topics.

⇒ Announcements (Kate Shockley)

- Announcement of the Town Hall Meetings, which will take place this summer. These meetings will be forums for public comment on cancer issues in Maryland's local communities. A flyer was distributed which lists the dates, times, and locations of the meetings. All committee members are invited to attend and asked to forward this information to colleagues, staff, and community partners. An electronic version will also be forwarded to the committee members.
- Announcement of the Consensus Conference, to be held on October 16, 2002. A flyer was distributed which shows the agenda and location for the conference. Registration is free and will be taken online or by phone from August 1 to September 30.

⇒ Presentation of Geographic Burden of Prostate Cancer in Maryland (Dr. Ann Klassen)

- Dr. Klassen presented research regarding the geographic distribution of prostate cancer around Maryland. Data from the Maryland Cancer Registry was used for this study of all prostate cancer cases from 1992-1997.
- In general, more geographic variation in incidence rates is apparent for white men across the state. Rates for black men do not show as much geographic variation. However, there are some areas where high and low burden are similar for black and white men and some areas where high and low burden are different for black and white men.
- One example involves the use of tumor grade as an indicator for stage at diagnosis and long-term survival rates. The study investigates age, race, and income level as predictors of aggressive tumor grades. Evidence suggests separate models for different age and ethnic groups.
- More detailed data and conclusions are available in the handouts from this presentation.

⇒ Presentation of the Natural History of Prostate Cancer (Dr. Bill Nelson)

- Copies of the slides used by Dr. Nelson were made available at the meeting.
- Black men have higher rates of prostate cancer and lower 5-year survival rates than their white male counterparts in Maryland. In addition, overall mortality rates in Maryland have been shown to be significantly higher than SEER national averages.
- The cause of high rates of prostate cancer among black men is under investigation; some researchers have shown that certain gene sequences which may be linked to a higher risk of prostate cancer are more common in black men. There are also questions regarding socio-economic status as a risk factor for prostate cancer.
- Historically, screening methods for prostate cancer have included the digital rectal exam, trans-rectal ultrasound, and the prostate-specific antigen test.
- Description of the physical characteristics of the prostate and challenges to finding a cancerous lesion upon biopsy. Most men will receive 10-12 biopsies in an effort to locate a lesion.
- Gleason grading is a histologic indicator of a prostate lesion. The Gleason score is a good indicator of the outcome of the disease and is the sum of the two most common Gleason grades after biopsy.

- In general, prostate cancer is a slowly progressing disease, with many features of a chronic disease such as hypertension. For example, even a patient with a Gleason score of 8 may not progress substantially for 10 years.
 - Description of emerging research and possible avenues for imaging and treatment including MRI in conjunction with citrate spectroscopy, use of antibodies for diagnosing metastasis, cDNA microarray analyses, and viral targeting of prostate cancer cells.
 - Discussion following the presentations focused on decision-making regarding screening and treatment throughout the patient's lifetime and the idea that this disease has many characteristics of a chronic disease.
- ⇒The next meeting will address prostate cancer screening options and guidelines. A date has not yet been determined.